

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> | | | | | | | <small>SERIAL NO.</small> | <small>FILING DATE</small> |
|---|----------|------|------------------------|------|------------------------|------|--|--------------------------------|
| | | | | | | | <small>APPLICANT(S)</small> <div style="font-size: 1.2em; font-weight: bold;">10/088659</div> | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | 1 | | | | | | 51 | |
| 2 | | 1 | | | | | 52 | |
| 3 | | 1 | | | | | 53 | |
| 4 | | 1 | | | | | 54 | |
| 5 | | 1 | | | | | 55 | |
| 6 | | 1 | | | | | 56 | |
| 7 | | 1 | | | | | 57 | |
| 8 | | 2 | | | | | 58 | |
| 9 | | 2 | | | | | 59 | |
| 10 | | 2 | | | | | 60 | |
| 11 | | 2 | | | | | 61 | |
| 12 | | 2 | | | | | 62 | |
| 13 | | 1 | | | | | 63 | |
| 14 | | 1 | | | | | 64 | |
| 15 | | 2 | | | | | 65 | |
| 16 | | 1 | | | | | 66 | |
| 17 | | 1 | | | | | 67 | |
| 18 | | 1 | | | | | 68 | |
| 19 | | 1 | | | | | 69 | |
| 20 | | 1 | | | | | 70 | |
| 21 | | 1 | | | | | 71 | |
| 22 | | 1 | | | | | 72 | |
| 23 | | 1 | | | | | 73 | |
| 24 | | 1 | | | | | 74 | |
| 25 | | 1 | | | | | 75 | |
| 26 | | 1 | | | | | 76 | |
| 27 | | 1 | | | | | 77 | |
| 28 | | | | | | | 78 | |
| 29 | | | | | | | 79 | |
| 30 | | | | | | | 80 | |
| 31 | | | | | | | 81 | |
| 32 | | | | | | | 82 | |
| 33 | | | | | | | 83 | |
| 34 | | | | | | | 84 | |
| 35 | | | | | | | 85 | |
| 36 | | | | | | | 86 | |
| 37 | | | | | | | 87 | |
| 38 | | | | | | | 88 | |
| 39 | | | | | | | 89 | |
| 40 | | | | | | | 90 | |
| 41 | | | | | | | 91 | |
| 42 | | | | | | | 92 | |
| 43 | | | | | | | 93 | |
| 44 | | | | | | | 94 | |
| 45 | | | | | | | 95 | |
| 46 | | | | | | | 96 | |
| 47 | | | | | | | 97 | |
| 48 | | | | | | | 98 | |
| 49 | | | | | | | 99 | |
| 50 | | | | | | | 100 | |
| TOTAL IND. | 1 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 32 | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 33 | | | | | | TOTAL CLAIMS | |